

Arts Development Branch

APPLICATION FORM – PROGRAM OF ASSISTANCE TO BOOK PUBLISHERS AND PROGRAM FOR PERIODICAL PUBLISHERS

To be accepted as complete, this application form must be filled out using the format that has been provided.

Registered Name of Compan	y:		
Address (Head Office):			
,			
Геlephone:	Fax:		E-Mail:
	T w		z wan.
Executive Officers Name:		Title	
Board of Directors Name:	Address:		Title:
	<u> </u>		
			_
	<u> </u>		_
			_
	<u> </u>		_
Staff			
Position:		Full-time or Part-time:	
			,

Part-time staff

5.		t sales between January						
		by New Brunswick an		imprint		\$		
		oks regardless of impri				\$		
	c) Activities of	her than book publishin	ng	ТОТ		\$		
				TOT	AL:	\$		
6.	Grants List all grants received last year from government departments or agencies:							
	Federal Depart	tment or Agencies (by a	department or agend	cy)		\$		
						\$		
						\$		
						\$		
	Provincial Dep	artments or Agencies (by department or ag	gency)		\$		
						\$		
						\$		
						\$		
						Φ		
	Other grants (specify)							
						\$		
						\$		
						\$		
						\$		
				ТО	TAL	\$		
7.	Please provide th	blishing Programme ne following information te sheets if more space		ed between Jan	nuary 1 st and	December 31 st of	last	
New t	titles by authors wl	ho are New Brunswich	k residents	D. 1.	N 7 1	יי אור אי	7.1.	
Title		Author(s)	Genre	Print Run	Number of pages	Publication Date	List Price	
		_						
		_						
		_	<u> </u>					
		_						
		_						
		_						

Title	thors who are non-residents of $Author(s)$	Genre	Print Run	Number of pages	Publication Date	List Pric
New format repr	rints of books by New Brunsv Author(s)	vick residents. Genre	Print Run	Number of pages	Publication Date	List Pric
All other reprint			Print	Number	Publication Date	List
Title	Author(s)	Genre 	Run 	of pages	Date	<i>Pric</i>
8. Please in	aclude with this application:					
□ I □ A	One copy of each title that your national statements for your national statements for your national statements for your national contract copy of your standard contract copy of your Canada Council	nost recent fiscal yea alogue; ct with authors;	nr;	his grant pro	ogram;	

and that royalties		application and the accompanying documents is correct, st three years have been paid in full, in accordance with plishing house.		
SIGNATURE		DATE		
TITLE		COMPANY		
Please return this form to	:			
	Arts Developm P.O. Box Fredericto E3B 5 Telephone: (50 Fax: (506) 4 E-Mail: artsn	6000 on, NB H1 6) 453-2555 I53-2416		